

Part 1: Roles and Responsibilities

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Section 1.1: The Centers for Medicare and Medicaid Services (CMS)

The Centers for Medicare and Medicaid Services (CMS), under the U.S. Department of Health and Human Services is the Federal agency that administers the Medicare and Medicaid programs that provide health care to the aged and indigent populations. In Indiana, the Medicaid program provides services to indigent families, children, pregnant women, senior citizens, persons with disabilities, and persons who are blind.

To provide home and community based Medicaid services as an alternative to institutional care, 1915(c) of the Social Security Act allows states to submit a request to CMS, to “waive” certain provisions in the Social Security Act which apply to state Medicaid programs:

1. Comparability of services provided to all Medicaid recipients. A waiver of comparability allows states to offer individuals in target groups services that are different from those the general Medicaid population receives.
2. A waiver of statewideness gives states the option of limiting availability of services to specified geographic areas of the state; and
3. A waiver of income and resource requirements for the Medically Needy permits states to apply different eligibility rules for medically needy persons in the community.

CMS must review and approve all Waiver proposals and amendments submitted by each state. CMS reviews all waiver requests/applications, renewals, amendments, and financial reports. Additionally, CMS performs management reviews of all Home and Community-Based Services (HCBS) Waivers to ascertain their effectiveness, safety, and cost-effectiveness. CMS requires states to assure that federal requirements for waiver service programs are met and verifies that the state’s assurances in their waiver program are being upheld in their day to day operation.

Additional information about CMS is available at <https://www.cms.gov/>.

Section 1.2: The Division of Disability and Rehabilitative Services (DDRS)

A part of the Family and Social Services Administration, DDRS assists people with disabilities and their families who need support to attain employment, self-sufficiency or independence. The Bureaus of Developmental Disabilities Services and Quality Improvement Services are under DDRS’ responsibilities. The DDRS operates the ICF/ID Level of Care Medicaid Waivers and other services for people with intellectual/developmental disabilities.

Additional information about DDRS is available at <http://www.in.gov/fssa/2328.htm>

Section 1.3: The Bureau of Developmental Disabilities Services (BDDS)

A part of Family and Social Services Administration/Division of Disability and Rehabilitative Services (DDRS), BDDS administers a variety of services for persons with intellectual/developmental disabilities, which include the Family Supports Waiver and the Community Integration and Habilitation Waiver programs. There are eight District Offices serving specific counties. The Service Coordinators determine eligibility for intellectual/developmental disabilities' services and facilitate the determination of Level of Care for ICF/ID services.

BDDS has statutory authority over state programs for individuals with intellectual/developmental disabilities. BDDS is also the placement authority for persons with intellectual/developmental disabilities and assists with the development of policies and procedures for Indiana Medicaid waivers that serve persons with intellectual/developmental disabilities.

Additional information about BDDS is available at <http://www.in.gov/fssa/ddrs/2639.htm>

Section 1.4: The Bureau of Quality Improvement Services (BQIS)

A part of the Family and Social Services Administration/Division of Disability and Rehabilitative Services, BQIS is responsible for assuring the quality of services delivered to persons in the Family Supports Waiver and the Community Integration and Habilitation Waiver programs. Oversight activities include managing the state's system for reporting instances of abuse, neglect, and exploitation, assuring compliance with Indiana waiver regulations, researching best practices, and analyzing quality data.

Additional information about BQIS is found at <http://www.in.gov/fssa/ddrs/2635.htm>

Section 1.5: The Office of Medicaid Policy and Planning (OMPP)

A part of Family and Social Services Administration (FSSA), OMPP is the State Medicaid Agency. It is responsible to the Centers for Medicare and Medicaid Services for administration and oversight of the Medicaid Waiver program, as well as the funding for nursing facilities and group homes. It is also responsible for the State's Medicaid Health Care Program overall.

Additional information about OMPP may be found at <http://www.in.gov/fssa/2408.htm> and for Medicaid eligibility requirements: <http://member.indianamedicaid.com/am-i-eligible.aspx>

Section 1.6: Case Management Agencies

DDRS-approved Case Management agencies are waiver service providers that provide no other services except Case Management to waiver participants. These services include implementing the Person Centered Planning process, assisting the participant to identify members of the Individualized Support Team, and developing an Individualized Support Plan prior to developing and submitting to the State, the service plan known as the Plan of Care/Cost Comparison Budget (CCB). Specific responsibilities of the Case Management provider, including monitoring activities, are described in **PART 10, Section 10.31: Case Management** of this manual .

Section 1.7: Division of Family Resources (DFR)

The Division of Family Resources (DFR) is responsible for establishing eligibility and managing the timely and accurate delivery of benefits including:

- Medicaid (health coverage plans)
- Supplemental Nutrition Assistance Program (SNAP - food assistance)
- Temporary Assistance for Needy Families (TANF - cash assistance)
- Refugee Assistance

DFR's Indiana Manpower and Comprehensive Training (IMPACT) program assists SNAP and TANF recipient to achieve economic self-sufficiency through education, training, job search and job placement activities.

DFR's Bureau of Child Care (BCC) provides Hoosier families who have low incomes with child care resources, including day care quality ratings; and employment and training services to some SNAP and TANF recipients. Also, DFR's Head Start program provides Federal grants to local public and private non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school.

The division's overarching focus is the support and preservation of families by emphasizing self-sufficiency and personal responsibility. Information about DFR and DFR programs is available online at <http://www.in.gov/fssa/2407.htm> or you may call 1-800-403-0864.

Section 1.8: Waiver Service Providers

Waiver Services Providers are agencies, companies, and individuals that the Division of Disability and Rehabilitative Services (DDRS) has approved as waiver service providers and that are paid by Medicaid to provide direct services to Medicaid waiver program participants. Case Management is a service that all waiver participants must have. Waiver participants will be provided a choice from among all Case Management Companies (CMCO) that have been approved by BDDS. Once the CMCO has been chosen the waiver participant will then choose a permanent case manager. The waiver participant's chosen case manager will provide a list of available service providers at any time that the participant desires to select or change service providers, which includes changing providers of Case Management services upon request. See **PART 1: Section 1.11: Helpful Hints for Participants and Guardians on How to Select Waiver Providers** within this manual.

Section 1.9: Hearings and Appeals

Hearings and Appeals is an administrative section within FSSA that receives and processes appeals from people receiving services within any FSSA program and many others. Administrative hearings are held throughout the State of Indiana, usually at county Division of Family Resources locations, at which time all parties have the opportunity to present their case to an Administrative Law Judge.

Section 1.10: Participants and Guardians

It is the policy of the Bureau of Developmental Disabilities (BDDS) that individuals, or their legal representative when indicated, participate actively and responsibly in the administration and management of their Medicaid waiver funded services.

BDDS supports and encourages individual choice in the selection of the participant's Case Management service provider, in the development of an Individualized Support Plan (ISP) and in the selection of all other service providers. Successful service delivery is dependent upon the collaboration of the Individualized Support Team (IST) and entities with oversight responsibilities, including the Bureau of Quality Improvement Services (BQIS). The individual receiving services is the most prominent member of the IST, making their participation and cooperation in waiver service planning and administration essential.

Information Sharing

The Individual (or the Individual's legal representative when indicated) shall upon request from BDDS, BQIS or any Division of Disability and Rehabilitative Services (DDRS) contracted vendor, provide information for the purpose of administration and/or management of waiver services.

Selecting or Changing Providers

When selecting a Case Management provider, the individual/participant (or the individual's legal representative when indicated) shall participate in:

- Choosing a Case Management Company (provider agency) from a pick list of approved Case Management Companies
 - For newly approved applicants preparing to enter into waiver services, the Case Management pick list is generated by the BDDS
 - For individuals already active on the waiver, the Case Management pick list may be generated by the BDDS or by their current provider of Case Management services
- Interviewing and choosing a permanent case manager
- Completing the service planning process

The individual (or the individual's legal representative when indicated) shall complete all actions as requested by BDDS to secure any replacement provider within:

- 60 days from the date the change is requested; or
- 60 days from when the provider gives notice of terminating services to the individual.

If a new provider is not in place after 60 days, the current provider shall continue to provide services to an individual until BDDS determines it is no longer necessary.

See **Section 1.11** of this manual (below) for Helpful Hints for Participants and Guardians on How to Select Waiver Providers

Participating in Risk Plan Development and Implementation

The individual (or the individual's legal representative when indicated) shall participate in:

- the development of risk plans for the individual, per current BDDS and/or BQIS procedures; and
- the implementation of risk plans developed for the individual, in lieu of documented risk negotiation with the individual's Individualized Support Team, and a signed risk non-agreement document.

Allowing Representatives of the State into the Individual's Home

The individual (or the individual's legal representative when indicated) shall allow representatives from BDDS, BQIS, the selected Case Management agency and/or any DDRS contracted vendor into the individual's home for visits scheduled at least 72 hours prior

Consequences for Non-Participation

Should an individual (or their legal representative when indicated) choose not to participate actively and responsibly in the administration and management of their Medicaid waiver funded services, BDDS may terminate the individual's waiver services. If BDDS decides to terminate the individual's waiver services pursuant to this policy, BDDS must provide written notice of intent to terminate the individual's waiver services to the individual (or the individual's legal representative when indicated).

Should a termination occur, the individual (or their legal representative when indicated) has a right to appeal the State's decision. Refer to Part 8: Appeal Process of this Manual for further information regarding appeals.

Additional information regarding DDRS' policy on this issue can be found here:

[http://www.in.gov/fssa/files/Individual and Guradian Responsibilities.pdf](http://www.in.gov/fssa/files/Individual_and_Guradian_Responsibilities.pdf)

Section 1.11: Helpful Hints for Participants and Guardians on How to Select Waiver Providers

Selecting good providers is critical and it is helpful to think about the issues that are important to you or your family member before you begin the process. A list of approved waiver providers for each county is available through your case manager. If you are new to waiver services or your current agency has terminated your service, you will need to prioritize the providers and try to schedule interviews and visits within a small time frame so that the process does not become drawn out. Individuals who are new to the waiver are asked to select a provider within 14 days of receiving the provider list. Individuals who have been terminated by their current provider must select and move to a new provider within 60 days of termination.

You will be able to make an informed choice by reading information, such as this document, or by discussing alternatives with the case manager, or an advocate. You may want to visit an individual who is currently receiving waiver services or meet with various service providers. Case managers can assist in setting up visits or meeting with service providers.

Sometimes a provider can arrange for you to visit people who are receiving services from the provider. Please remember, when you visit a house or apartment where waiver services are being provided, you are visiting someone's home.

On the following pages are some questions to consider when selecting waiver providers. The questions you ask will depend on what kind of service it is, and whether you will be served in your family home, your own home/apartment with or without housemates. Many of the questions can be used in any setting, and others can be skipped or changed as needed.

When meeting with providers or case managers, it is important to take notes, because it is easy to forget details later. Ask for copies of any written materials, write down names, titles, phone numbers, email addresses, etc., and the date of the meeting. It's important to maintain accurate information.

General Topics to Discuss with Service Providers

1. Discuss all areas of service that are requirements for you/your family member such as: medications always given out on time, direct supervision, sign language training, etc.
2. What makes you/your family member happy and how will the provider maximize those opportunities? What causes pain and how will the provider reduce or eliminate those instances?
3. What things do you/your family member want to have happen? Find employment? Become a member of a church or local group? How many housemates? Living within a half hour drive of family? Anything else? Are these wishes or requirements?
4. What are the risks for you/your family member? For example, daily seizures; no street safety skills; does not talk or use sign language; forgetful; hits others when angry, etc. How will the provider deal with those risks?

Questions to Ask Prospective Service Providers

1. What is the provider's mission? Does it match the intent you are seeking?
2. Is the provider certified, accredited, or licensed? What are the standards of service?
3. What kind of safety measures does the provider have to protect and assure treatment?
4. How does the provider assure compliance with a person's rights? Do you and/or family members/advocates receive copies of your rights as a consumer of services, as well as have these rights explained?
5. What is the provider's experience working with children and/or adults with disabilities or adults who are elderly?
6. How would the provider ensure the implementation of your Person Centered Plan? What connections do they have in your community? How would they assist you in building a support system in your community?
7. Is the provider interested in what you/your family member wants or dreams about?
8. Is the provider connected to other programs that you may need, such as day support, local school/education services, or work programs? How is the provider connected? Ask for specific contacts.
9. If you plan to live in a home shared with other people, can families drop in whenever they wish?
10. How are birthdays, vacations, and special events handled?
11. How would family money issues be handled? What is the policy on personal/client finances?
12. How would minor/major illnesses and injuries be handled? What kinds of things are routinely reported to families?
13. Can we get a copy of your complaint policies and procedures? Is there someone else who family members can talk to if there is a disagreement?

14. How are behavior problems handled? Is staff allowed to contact a behavioral support provider? How are new staff trained on the behavior support plan? Are they trained before working with our family member? What is the relationship between the residential provider and behavioral provider?
15. How is medication handled? What happens if medication is refused?
16. What is the smoking policy?
17. How are planning meetings scheduled and conducted, and who attends? Can a family member call a meeting? How do you assure that what is agreed upon in the meeting actually is provided?
18. Who would be the provider contact person, how will that contact occur, and how often? Is someone available 24 hours a day in case of an emergency?
19. How many people with disabilities has the agency terminated or discontinued from services? Why? What happened to them?
20. Has the agency received any claims of abuse/neglect? Who made these allegations? What were the outcomes? What is the process for addressing abuse/neglect allegations?
21. What challenges do you think my family member will create for you?
22. As a provider of waiver services, what are your strengths and weaknesses?
23. What is the process for hiring staff? Are background checks conducted and trainings given? What happens to our family member while a new staff person is hired and trained?
24. How is direct staff supervised? What training does the staff receive? What is the average experience or education of staff?
25. How is staffing covered if regular staff is ill? What happens if staff does not show up for the scheduled time? How often does it happen?
26. What is the staff turnover rate? How are staff's respite needs handled?
27. What kind of supports do staff have and who can staff call if a problem develops?

What to Look For and Ask During Visits to Supported Living Settings

1. How do the staff and housemates interact? Do they seem to respect and like each other?
2. Does the environment look comfortable? Is there enough to do? Are there regular activities happening in the home?
3. What kind of food is available and who picks it? Are choices encouraged/available? Are diets supervised?
4. Do people have access to banks, shops, restaurants, etc? How is transportation handled? Are trips to access these resources planned or on an as needed basis?
5. Is there a telephone available to housemates (with privacy)? Is the telephone accessible (equipped with large buttons, volume control, other access features) if needed?

6. Does each person have his/her own bedroom? Can each person individually decorate the bedroom? Can personal items be displayed in common areas?
7. Do housemates seem to get along well? What happens when they don't?
8. Are there restrictions on personal belongings? What are the procedures for lost personal items? Are personal items labeled? Are lost items replaced?
9. Are pets allowed? What are the rules regarding pets?
10. How much time is spent in active learning (neighborhood, home and community) and leisure activities? Is there a good balance with unstructured time?
11. Is there evidence that personal hygiene and good grooming (hair, teeth, nails, etc.) are encouraged?
12. How are personal items, clothing, etc. paid for?
13. Does each person have privacy when he/she wants to be alone or with a special friend?
14. Does each person have the opportunity to belong to churches, clubs, community groups, etc?
15. Do staff knock on doors, and wait for a response, before entering a private room?
16. What kind of rules are in place within the living situation? What are the consequences for breaking rules?
17. Does each housemate have opportunities to pursue his/her individual interests, or do they travel in a group with everyone doing the same thing, attending the same movie, etc.?